

The USPTO acknowledges receipt of the following regarding BSA  
Case No. BSA 00-22 - B. Sutherland - S.N. 09/837,560 filed 4/28/01  
for "Method for Assaying Clustered DNA Damages":

- a. Transmittal
- b. Original Executed Combined Declaration and Power of Attorney
- c. Fee Authorization for Filing Patent Applications
- d. Declaration Claiming Small Entity
- e. Copy of Notice of File Missing Parts of Application Filing Date  
Granted dated 6/12/01.
- f. All applicable fees to be charged to Deposit Account.

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Attorney's Docket No. BSA 01-07COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

## TYPE OF DECLARATION

This declaration is of the following type:

- ☒ original
- ☐ design
- ☐ supplemental
- ☐ national stage of PCT
- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (CIP)

## INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## TITLE OF INVENTION

"Method for Assaying Clustered DNA Damages"

## SPECIFICATION IDENTIFICATION

the specification of which:

- (a) ☐ is attached hereto
- (b) ☒ was filed on 4/18/01 as Serial No. 09/ 837,560  
or ☐ Express Mail No., as Serial No. not yet known  
and was amended on \_\_\_\_\_

- (c) ☐ was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_.

**ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56 and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent.

**PRIORITY CLAIM (35 U.S.C. § 119)**

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

- (d) ☒ no such applications have been filed.  
(e) ☐ such applications have been filed as follows.
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JUN 03 2002

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## GROUP 1600

**A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION  
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119**

Country (or indicate if PCT)	Application No.	Date of Filing (day, month, year)	Priority Claimed Under 37 USC 119
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

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**PRIOR UNITED STATES PROVISIONAL APPLICATION(S)**

I hereby claim the benefit under 35 USC §119(e) of any  
United States provisional application(s) below:

Application Number	Filing Date
60/198,681	April 20, 2000

**POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to  
prosecute this application and transact all business in the Patent  
and Trademark Office connected therewith.

Name and Registration No.

Margaret C. Bogosian  
Registration No. 25,324

Lori-Anne Mooney  
Registration No. 44,949

Christine L. Brakel, Ph.D  
Registration No. 45,772

SEND CORRESPONDENCE TO  
Margaret C. Bogosian  
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Brookhaven National Laboratory  
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P.O. Box 5000  
Upton, NY 11973-5000

DIRECT TELEPHONE CALLS TO:  
Margaret C. Bogosian  
(631) 344-7338

#### DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

#### SIGNATURE(S)

Full name of sole or first inventor

Betsy  
(Given Name)

M.  
(Middle Initial or Name)

Sutherland  
Family (or last name)

Inventor's signature

Betsy M. Sutherland

Date 18 05 - 01

Country of Citizenship U.S.A.

Residence Wading River, New York

Post Office Address 2788 North Wading River Road

Wading River, New York 11792

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH  
FORM A PART OF THIS DECLARATION

- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.  
Number of pages added \_\_\_\_\_

\* \* \*

- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added \_\_\_\_\_

- ☐ Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time (37 CFR 1.47).

\* \* \*

- ☐ Added pages to combined declaration and power of attorney for divisional, continuation or continuation-in-part (C-I-P) application.

☐ Number of pages added \_\_\_\_\_

\* \* \*

- ☐ Authorization of attorney(s) to accept and follow instructions from representative.

\* \* \*

(If no further pages form a part of this Declaration, then end this Declaration with this page and check the following item:)

☒ This declaration ends with this page.